

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

PLEASE PRINT

I. Name of Lobbyist(s)	: Heidi L. Kroll; Paul A. Worsowicz	NEW HAMPSHIRE
	**************************************	DEPARTMENT OF STATE
II. Name of Lobbyist's	partnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN &	
603-228-1	214 North Main Street, Con 181 603-226-3477	kroll@gcglaw.com
(Telephon		(Email)
III. This statement cove reportable expense tran	ers: (Choose one – file separate reports for isactions which are not attributable to any o	each client, OR you may file a separate report for ne client.)
X All reportable tra	nsactions occurring in the month prior to the re	eporting date relative to the following client.
	AMERICA'S HEALTH INSURA	NCE PLANS (AHIP)
	(Full Name of Client as it appears on the Lot	obyist Registration Form)
All reportable tra unrelated to any p	nsactions by the lobbyist (including the lobbying particular client.	st's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🔲	July 26, 2017 🔲
	ivity from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
	October 25, 2017 🗵	January 24, 2018 🗆
а	ctivity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
V. There have been no If this box is checked, co Concord, NH 03301.	fees received and no reportable transaction omplete just this form and submit it to the Secre	s made since the last report. etary of State's Office, State House, Room 204,
VI. Check if additiona If you have recei	al reports are attached: ived fees or made expenditures, you must file.	Addendum A – Fees and Expenses
If you have paid	ircament	nust file Addendum B – Report of Honorariums or
If you, your firm	i, or your family has made political contribution	ns, you must file Addendum C - Political Contributions
Sworn Statement/Affir I have read RSA 15, RS, to the best of my knowled	A 15-B and RSA 664 and hereby swear or affi	rm that the foregoing information is true and complete
(Signature of Lobbyist		10.23.3017 (Date)
Heidi L. Kroll (Print Name of lobbyis		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s	Heidi L. Kroll; Paul A. Worsowicz		···				
II. Name of lobbyist's	s partnership, firm or corporation, if any:						
	GALLAGHER, CALLAHAN & GARTRE	ELL, P.C.					
(Name of partnership, firm or corporation)							
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	October 2	5, 2017			
lobbying, including fee	ant of all fees received from the client identified above is for services such as public advocacy, government relationing legislation, and related legal work. The gross is	ations, or	public relation	ons services,			
a) Total of all fees rece	eived in this reporting period		a) \$	8,068.50			
	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	24,087.91			
c) Total of all fees rece (Add lines a and b)	eived to date.		c) \$	32,156.41			
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	4,034.25			
fees. Separate reports lobbyist(s)/firm that ar are to be reported in or reporting period for sa expenses where the exthe cost was \$25.00 or purchase of a ceremon statement of each individual covered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each ce unrelated to any one client a separate report may be one of three categories of expenses: (a) the aggregalaries, benefits, support staff, and office expenses; (penditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 tial object given to a person being lobbied with a value vidual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$25 to be following with a value greater than \$25, but not gre Expenses for honorariums, expense reimbursement, of and should not be reported on Addendum A.	lient and filed for ate total (b) the aspurchased that is give of \$25.0 f greater than	if expenditur the lobbyist(of all expens aggregate tota during a buse en to the per 00 or less); a han \$25.00 fo ase of a cerer \$50, restaura	es are made by the s)/firm. Expenses es paid during the I of all individual siness lunch where son being lobbied and (c) an itemized or any purpose not monial object to be ant expenses for a			
support staff, and offic	enses for this reporting period for salaries, benefits, e expenses, related directly or indirectly to lobbying.	a) : b) :		12,102.75			
	1	c) :	\$.00			
c) Total of all itemized	d expenditures reported in detail in section VI.						

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	512,102.75	
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's reporting period.	ort.) e) S	24,205.50	
f) Total of all expenses year to date.	f) S	36,308.25	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made fro period, including by whom paid or to whom charged.	om lobbying fees during	this reporting	
Paid to:	ď.	Amount	
			
	\$		
	\$ -		
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a is true and complete to the best of my knowledge and belief.	affirm that the foregoin	ng information	
- Hily 2. Koly	10/23/17		
(Signature of lobbyist)	(Date)	(Date)	
Heidi L. Kroll (Print Name of Lobbyist)			
(Print Name of Loddyist)			

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying p	partnership, firm or corpo	ration: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): America's Health Insurance Plans (AHIP)						
•						
Date of Report (che	ck one):					
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🔀	January 24, 2018 □			
		e Statement of Income and Exatement (insert the number of	penses described above, and the Addendum forms being			
1 Addendum A(s).					
0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.						
(Signature of Lobb)	Monsparez yist)		/b-23-/ 7 (Date)			
Paul A. Worsowic						